# **Outpatient Services • Multipurpose Senior Services Program**

### September 2005 • Bulletin 371

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## **CPT-4 Procedure Codes and Modifiers Billing Reminder**

Providers are reminded that they must select the appropriate CPT-4 code and modifier when billing. The CPT-4 code descriptor must match the procedure performed. This information is reflected on manual replacement page ub comp op 19 (Part 2).



Inpatient Provider Cut-Off Date for Proprietary and Non-HIPAA Standard Electronic Claims Formats: December 1, 2005

In accordance with efforts to comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA), Medi-Cal has established a plan to <u>discontinue</u> acceptance of proprietary and non-HIPAA standard electronic formats for electronic claims transactions. The first provider community to be affected is the Inpatient provider community.

Beginning **December 1, 2005**, proprietary and non-HIPAA standard electronic claim formats submitted by Inpatient providers will no longer be accepted.

Providers may call the Telephone Service Center (TSC) at 1-800-541-5555 for more information.

Cut-off dates for non-HIPAA standard claim formats for all other provider communities will be announced in upcoming *Medi-Cal Updates*.

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# Instructions for Manual Replacement Pages September 2005

Part 2

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Remove and replace: ub comp op 19/20